



State of New Hampshire
Board of Pharmacy
121 South Fruit Street
Concord, NH 03301-2412
Tel.: (603) 271-2350 Fax: (603) 271-2856
Website: www.nh.gov/pharmacy/

RENEWAL FEE:
\$50.00
NO CASH – CHECK OR MONEY
ORDER PAYABLE TO:
Treasurer, State of New Hampshire

APPLICATION FOR INITIAL PHARMACY TECHNICIAN REGISTRATION

April 1, 2015 – March 31, 2016 Registration Period

ALL SECTIONS MUST BE COMPLETED. ILLEGIBLE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

FORM FOR NEW APPLICANTS ONLY – NOT FOR RENEWALS

1. GENERAL INFORMATION

Applicant's Name		First	Middle	Last
Mailing Address				
City	State	Zip Code	Home Phone ()	Date of Birth (MM/DD/YY) / /
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number - -		Email Address:	
Have you ever been known under any other name (i.e. Maiden Name)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list:				

2. CURRENT PHARMACY EMPLOYMENT

Name of Pharmacy Where You Are Currently Employed	Date Of Hire <u>As A Pharmacy Technician</u> (MM/DD/YY) / /		
Complete Address Of Pharmacy			
Street	City/Town	State	Zip Code

3. INFORMATION ON NATIONAL CERTIFICATION

Are you currently Nationally Certified by PTCB, NHA / ICPT, or ASHP? ☐ Yes * ☐ No **

*** If Yes, and you and your pharmacist-in-charge desire that you be able, and have been adequately prepared/trained, to perform the expanded duties of a NH Certified Technician (per Ph 807.03) then section 4 (below) must be completed by your pharmacist-in-charge and you must attach a copy of your current, non-expired Certificate of National Certification.**

**** If No, then you may skip section 4 of this form (Note: Only Nationally Certified Techs are eligible for optional NH Certification).**

4. STATEMENT FROM PHARMACIST-IN-CHARGE FOR APPLICANTS FOR NH CERTIFIED PHARMACY TECHNICIAN STATUS

I, _____, pharmacist-in-charge of _____
Printed Name of Pharmacist-In-Charge Name & Address of Pharmacy

would like the above technician to be able to perform the expanded duties of a NH Certified Pharmacy Technician per Ph 807.03 and I have verified and confirm to the Board that Pharmacy Technician _____ employed at the above pharmacy is
Printed Name of Pharmacy Technician

qualified and has been provided adequate training to take on the additional duties of a NH Certified Pharmacy Technician as noted in Ph 807.03 and if the above technician's duties include sterile compounding, that the technician has received proper sterile compounding training.

Certified By: _____ Date: _____
Signature of Pharmacist-In-Charge

5. REGISTRATION / LICENSURE AS A PHARMACY TECHNICIAN IN OTHER STATES

Are you now or have you ever been registered or licensed as a pharmacy technician in NH or any other state?

☐ Yes ☐ No

If yes, indicate which state(s) and whether or not the registration/license is current. _____

6. CHARGES, CONVICTIONS, DISCIPLINARY ACTIONS - ALL QUESTIONS MUST BE ANSWERED.

A. Have you ever been convicted, fined, disciplined or had your registration/certification/license revoked for violation of pharmacy-related drug laws/regulations in this or any other state? ☐ Yes* ☐ No * If Yes, Attach Explanation.

B. Are you presently charged with violations of pharmacy-related drug laws/regulations in this or any other state? ☐ Yes* ☐ No * If Yes, Attach Explanation.

C. Have you ever been convicted of a felony as defined under any state or federal law? ☐ Yes* ☐ No * If Yes, Attach Explanation.

D. Are you presently charged with the commission of any such felony? ☐ Yes* ☐ No * If Yes, Attach Explanation.

E. Have you ever voluntarily surrendered your pharmacy technician registration/license/certificate, for disciplinary reasons, to this or any other state or licensing authority? ☐ Yes* ☐ No * If Yes, Attach Explanation.

***You must explain each yes answer (additional information may be listed on an attached sheet of paper).
For any convictions, a copy of the legal/court documents must be submitted with your application.***

7. APPLICANT'S STATEMENT

I certify that I am the person described and identified in this application; that I have read Ph 800 of the NH Code of Administrative Rules, available online at http://www.nh.gov/pharmacy/documents/ph_800.pdf and that I have answered all questions truthfully and completely. Should I furnish any false or misleading information on this application, I hereby understand that such an act shall constitute cause for the denial or revocation of my registration as a pharmacy technician in the State of New Hampshire.

Signature: _____

Date: _____

INCOMPLETE APPLICATIONS OR APPLICATIONS WITHOUT PAYMENT WILL NOT BE ACCEPTED.

***YOUR 2015-2016 REGISTRATION CERTIFICATE WILL BE MAILED WITHIN
2 WEEKS OF RECEIPT OF YOUR FULLY COMPLETED / PAID APPLICATION.***